NAVY-MARINE CORPS RELIEF SOCIETY Pre-authorization Form

Please type or print From: SSN Service member (Last, First, M.) _____EAOS Rate/Rank Military Mailing Address Authorization valid between ____ and (not to exceed 12 months) Amount authorized (not to exceed \$3,000) To: **Camp Pendleton Navy-Marine Corps Relief Society** Subj: **AUTHORIZATION FOR ASSISTANCE TO DEPENDENTS** During the period I am deployed I authorize my spouse, _____ _____, and my dependents to receive necessary financial assistance without my specific approval. (First & Last Name) I understand that I will be responsible for repayment, if warranted, of such assistance. Further, if the assistance is provided as a no-interest 2. loan, I authorized Navy-Marine Corps Relief Society (NMCRS) to start an allotment for the amount of the loan. Allotment terms are based on the best information available to NMCRS at the time of the loan. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided based on it, along with information pertaining to the terms of any allotment started. I understand that any assistance to my eligible family members will depend on the merits of the situation and the policies of the Navy-Marine Corps Relief Society. I also understand that this authorization does not establish a line of credit at the Navy-Marine Corps Relief Society. Signed (Service Member's Signature) Witness (Signature of Command Representative or NMCRS Representative) Title Unit/Office NMCRS 217 (October 2004) NAVY-MARINE CORPS RELIEF SOCIETY **Pre-authorization Form** Please type or print _____ Service member_____ From: SSN (Last. First. M.) EAOS Rate/Rank Military Mailing Address _____ Authorization valid between ___ (not to exceed 12 months) Amount authorized (not to exceed \$3,000) To: **Camp Pendleton Navy-Marine Corps Relief Society AUTHORIZATION FOR ASSISTANCE TO DEPENDENTS** Subj: During the period I am deployed I authorize my spouse, _____ _____, and my dependents to receive necessary financial assistance without my specific approval. (First & Last Name) I understand that I will be responsible for repayment, if warranted, of such assistance. Further, if the assistance is provided as a no-interest loan, I authorized Navy-Marine Corps Relief Society (NMCRS) to start an allotment for the amount of the loan. Allotment terms are based on the best information available to NMCRS at the time of the loan. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided based on it, along with information pertaining to the terms of any allotment started. I understand that any assistance to my eligible family members will depend on the merits of the situation and the policies of the Navy-Marine Corps Relief Society. I also understand that this authorization does not establish a line of credit at the Navy-Marine Corps Relief Society. Signed (Service Member's Signature) Witness (Signature of Command Representative or NMCRS Representative)

Staff/Casework/Pre authorization Form 217 (CWK0033-050630)

Unit/Office

Title

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